

Arizona Department of Transportation On The Job Training Program - Trainee Enrollment

Contractor:				Address:			
OJT Coordinator/Superv	Phone Number			Number	:		
TRAINEE INFORMATION	N:						
First Name:	Middle:				Last Name:		
Street Address:			City, State, Zip:				
Phone:	Email:		,,	,			
Employee Status: New Hire		Upgrade		Transfer			
Gender: Male	Female	- 10					
Race: American Indian	ve As	sian	Black or	Africar	n American	Hispanic	
Native Hawaiian or Other Pacific Islar				White	Other:		•
EDUCATIONAL HISTORY	/ :						
High School Diploma or GED				Some College or College Degree			
Vocational or other training				None of the above			
TRAINING PROGRAM (select one): ADOT OJT Prog				ram Union Apprenticeship Program			
Union:			Local Number:				
Classification (Trade):				Federally Funded Projects Level (Pay Rate%)			
Training Start Date: Term of training (in hou				rs)		Level	
Previous Trainee Certification (if applicable)				Credit for previous training (hours and pay %)			
This employer (training agenterm of training in conformit of Transportation, and are h	ty with the standar	rds for the abo	ove tra	de, which	has beer	approved by the	Arizona Department
This agreement must be approved by and registered with the Arizona Department of Transportation and may be annulled by the said department upon the departments own motions, after giving all parties notice and opportunity to be heard.							
The employer (training agent) and/or sponsor, agrees to train, and the trainee agrees to perform the work of the trade diligently and faithfully during the term of the training program, in accordance with the terms and conditions of the training standards.							
Training Program Standards	received by traine	e (check one):		Yes		No	
Trainee Signature		Printed Trainee		Name			Date
Contractor Representative Signature Printed Contrac				tor Representative Name Date			
		This area is fo			/		
BECO Field Compliance Office Ap	proval		Date			Title	